



Summer Camp Presentation Proposal

Check One or Both: ☐ **Radford City** ☐ **Fredericksburg City**
 ☐ **July 26-28, 2006** ☐ **August 2-4, 2006**

Session Title (No more than 100 characters)	
Session Description (No more than 1000 characters)	
Target Content Area for Presentation (Check all that apply)	
<input type="checkbox"/> Grades K-2 <input type="checkbox"/> Grades 3-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Special Education <input type="checkbox"/> Music <input type="checkbox"/> Foreign Language </div> <div style="width: 33%;"> <input type="checkbox"/> Science <input type="checkbox"/> Language Arts & Reading <input type="checkbox"/> Art <input type="checkbox"/> Physical Education <input type="checkbox"/> Other, please specify _____ </div> </div>
Lead Presenter Information	
Check One	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Last Name	
First Name	
Title/Position	
School Name	
School Division	
Address	
City	
State	
Zip code	
Work phone	
E-mail address	
<i>The co-presenter must be identified at the time the proposal is submitted. We will officially recognize (nametag, program, etc.) one presenter and one co-presenter.</i>	

Co-Presenter Information	
Check One	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Last Name	
First Name	
Title/Position	
School Name	
School Division	
Address	
City	
State	
Zip code	
Work phone	
E-mail address	
Presentation Format (Check one)	
<input type="checkbox"/> 1-hour presentation during a concurrent session time slot	
<input type="checkbox"/> 2-hour hands-on session in a 20 station Windows 2000 or XP computer lab or Mac lab	
<input type="checkbox"/> 3-hour hands-on session in a 20 station Windows 2000 or XP computer lab or Mac lab	
<i>A hands-on session is one where:</i>	
(1) Participants are actively engaged in hands-on activity with session related devices at least 50% of the time; and (2) There are no more than two participants per device.	
<input type="checkbox"/> Willing to have session videotaped and podcast.	

Requested Presentation Date (Check one)	
Concurrent Session	Hands-on Session
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday
<input type="checkbox"/> No preference	<input type="checkbox"/> No preference
<input type="checkbox"/> Are you willing to repeat your session?	<input type="checkbox"/> Same Day <input type="checkbox"/> Different Day

Equipment Requested: Each room is provided with a computer with an Internet connection, a data projector, and projection screen. A telephone connection is not available. **The presenter must provide equipment not listed.**

Proposals are due by June 1, 2006: Proposals must be submitted electronically as an e-mail attachment to ITRT@doe.virginia.gov. Any changes to the proposal must be submitted in writing to ITRT@doe.virginia.gov and approved by Julie Mersiowsky or Nonie Barnstein.

Notification of Acceptance - June 23, 2006: Notification of acceptance will be made to the main presenter via e-mail. The main presenter will be responsible for notifying the co-presenter.